

**\*Collection Facility: Do *NOT* send this form with the blood sample; this form must be given to the patient.**

VERMONT FORENSIC LABORATORY  
PO BOX 47  
WATERBURY, VERMONT 05676-0047  
TEL: 802-244-8788  
FAX: 802-241-5557  
<http://vfl.vermont.gov>



<b>LAB USE ONLY</b>  VFL#
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## REQUEST FOR INDEPENDENT ANALYSIS OF BLOOD FOR ALCOHOL/DRUG CONTENT

**Please read all instructions and complete both sides of the form.**

1. This is a request that your blood sample be sent for independent laboratory analysis for alcohol/drug content.
2. Please enclose a check in the amount of **\$15 (fifteen dollars)** payable to the ***Vermont Department of Public Safety*** to cover the cost of shipping and handling of the sample. Your blood sample will not be sent for independent laboratory analysis without this fee. (By signing below you understand that this amount does not cover the cost of analysis by the independent laboratory as designated on the reverse side of the form).
3. **You must choose a laboratory from page 2**, and contact the laboratory of your choice for information about their services, requirements and fees. \*The Vermont Forensic Laboratory is not a valid option\*
4. For your convenience, a separate payment made payable to the laboratory of your choice can also be sent to the Vermont Forensic Laboratory to be forwarded with your sample. If also sending payment for the independent laboratory, **two separate payments** must be enclosed with your request. **One payment must be made payable to the Vermont Department of Public Safety for \$15.00** and the other payable to the independent laboratory that you have chosen to use for this service.
5. The Vermont Forensic Laboratory retains all blood alcohol/drug samples in secure storage for at least 45 days following receipt. After that time they will be destroyed as allowed in Vermont Statute Title 23 § 1203c. Requests must be received within this time to ensure sample availability for independent analysis.
6. **If this request for analysis is submitted through an attorney, the attorney's signature must be included.** The attorney's signature certifies he/she is representing the individual.

### **Please *Print* All Information:**

Individual's Name (print)

Date Sample Drawn

Facility Where Sample Drawn

Mailing Address

Attorney's Name (if applicable)

Town, State, Zip Code

Attorney's Mailing Address

Daytime Telephone Number

Town, State, Zip Code

Individual's signature and date

Attorney's signature and date

The results of the independent laboratory analysis should be sent to:

☐ Your address as shown above

☐ Your Attorney's address as shown above

**You must check one box indicating your chosen Independent Laboratory.**

Below are two area laboratories that perform Independent **Blood Alcohol** analysis. You may choose another laboratory that offers this service. **Please contact the laboratory of your choice for information about their requirements and fees.**

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**Rocky Mountain Instrumental Labs**

108 Coronado Court  
Fort Collins, CO 80525  
Phone: (970) 266-8108 Fax: (303)530-1169  
[www.rockylab.com](http://www.rockylab.com)  
(Download: [Request for Analysis form](#) – required)

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**CG Laboratories, Inc.**

237 Fourth Range Road  
P.O. Box 231  
Pembroke, NH 03275  
Phone: (603) 485-4154 Fax: (603) 485- 4155  
[www.cglabs.com](http://www.cglabs.com)

Below are two laboratories that offer Independent **Blood Drug** analysis. You may choose another laboratory that offers this service. **Please contact the laboratory of your choice for information about their requirements and fees.**

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**Rocky Mountain Instrumental Labs**

108 Coronado Court  
Fort Collins, CO 80525  
Phone: (970) 266-8108 Fax: (303)530-1169  
[www.rockylab.com](http://www.rockylab.com)  
(Download: [Request for Analysis form](#) – required)

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**NMS Labs**

3701 Welsh Road  
Willow Grove, PA 19090  
Phone: (215) 657-4900 Fax: (215) 366-1501  
[www.nmslabs.com](http://www.nmslabs.com)  
(NMS Labs only accepts requests from Lawyers)

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**Other - Alcohol and/or Drug Analysis**

Please contact the independent laboratory first to assure that they offer this service.

**\*The Vermont Forensic Laboratory is NOT a valid option\***

\_\_\_\_\_  
Independent Laboratory Name

Type of analysis: ☐ Alcohol ☐ Drug

\_\_\_\_\_  
Address City State Zip

**MAIL THIS COMPLETED FORM AND YOUR CHECK(S) TO:**

Vermont Forensic Laboratory  
PO Box 47  
Waterbury, VT 05676-0047  
ATTN: Alcohol Program

If you have any questions or comments about this process you may call (802) 244-8788.